

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023615

STATE FILE NUMBER

Registration District No. 78 Primary Registration District No. 5281 Registrar's No. 37

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0230

2 0010

3

4 1

5 2

6

7 0

8 2

9 4201

10

11

12 86-3

13 20

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

FILED JUL 12 1963

1. PLACE OF DEATH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Madison township</u>		c. CITY OR TOWN <u>Gibbs</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Dunn's Rest Home</u>		d. STREET ADDRESS (If outside, give location) <u>Gibbs</u>	

3. NAME OF DECEASED (Type or print) <u>Oscie Bell Winget</u>		4. DATE OF DEATH Month <u>July</u> Day <u>6</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/1/1875</u>
9. AGE (last birthday) <u>87</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Self-employed</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Lake</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Capps</u>	
14. NAME OF HUSBAND OR WIFE <u>Unknown</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT <u>Dunn's Rest Home Record - Kahoka Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> DUE TO (b) <u>[REDACTED]</u> DUE TO (c) <u>[REDACTED]</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
--	--	--

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
--	--	---

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>[REDACTED]</u>
20c. TIME OF INJURY. Hour <u>4:30</u> a.m. <u>3:00</u> p.m.		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>[REDACTED]</u>	20f. CITY, TOWN, OR LOCATION <u>Kahoka Mo.</u>
---	---	---

21. I attended the deceased from <u>5:30 p.m.</u> to <u>5:30 p.m.</u> and last saw her/him alive on <u>July 6, 1963</u> Death occurred at <u>5:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
--	--

22a. SIGNATURE <u>S. H. Channing D. Coroner</u>	22b. ADDRESS <u>Kahoka Mo.</u>	22c. DATE SIGNED <u>7-6-63</u>
--	-----------------------------------	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>July 9-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Highland Park Co.</u>	23d. LOCATION (City, town, or county) (State) <u>Kahoka Adair Mo.</u>
---	---------------------------------	--	--

24. FUNERAL DIRECTOR <u>Boyle Funeral Home, Kahoka, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>July 9-1963</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
--	--	---

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Robert A. Mahary

Licensed Embalmer No. 4348

P. O. Address Jamesport Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.